

ISSAQUAH MUNICIPAL COURT
STATE OF WASHINGTON

CITY OF ISSAQUAH,)
)
) Plaintiff,) NO. _____
 vs.)
) REQUEST FOR DISCOVERY
)
)
) Defendant.)

TO: CITY PROSECUTING ATTORNEY

I hereby request that a copy of the incident report be provided to me. I understand that if I retain, or have assigned to me an attorney, that it is my responsibility to give this copy of the discovery to him/her.

Defendant, Pro Se

Mailing Address

Day Phone Number

City

Zip

Charge(s)_____

Court Date:_____

Type of Hearing:_____

RETURN THIS COMPLETED FORM WITH A STAMPED, LEGAL SIZE, SELF-
ADDRESSED ENVELOPE TO:

Lynn Moberly
City Prosecuting Attorney
P.O. Box 1307
Issaquah, WA 98027

(425) 313-5767

Date Requested:_____ Date Received:_____

Date Provided:_____ By:_____